

ASHES INTERMENT REQUEST FORM

Information regardin	g the ashes inter	ment				
Deceased Surname	Given Name(s)					
Age	Date of Death					
Address of Deceased						
Funeral Director						
Ashes are located with	□ Family	Funeral Dire	ector 🗌	Other (Please specify)		
Date of Interment	Time of Interment					
Who is interring ashes	□ Family	Funeral Dire	ector 🗌	Council		
Size of ashes box/urn						
Contact details of pe	erson arranging th	ne interment				
Surname	Given Name(s)					
Phone	Mobile					
Email address						
Interment Details						
New Plot	Γ	Reserved Plot		Occupied Plot		
Cemetery				_ Religion		
Section	R	low		Plot no		
Is a temporary marker re	equired?] Yes		🗆 No		
Has a plaque been orde	red?] Yes		🗆 No		
Placement of ashes in p	lot 🛛 Left Side	□ Right Sic	le 🗌 Cent	re 🗌 Under Monui	ment	
Equipment required to c	omplete interment (i	e shovel)				
Additional comments/Inf	ormation on Interme	nt				
Signature			Date			
Note: For ashes being inte		/all a plaque must be co ase be mindful of sizing		terment of the ashes. Plaque	es can take 6-8 weeks to	
Confirmation of the date and			shes Interment fo		and the area inspected	
	Payment of ash	es interment is requir		ng this form.		
OFFICE USE ONLY			_			
CSO updated P&G Ashes	and Plaque Request S	preadsheet	□ Yes		lo	
Inspection completed by:		□	Date:			
Interment Fees Paid:	⊔ Yes	⊔ No	Receipt	Permit		
Received by:	Date:	-	Number:	Number:		
Adopted Date: 2 July 2021	Review Date: 2 July 202	2 Page 1 of 1		Doc number: PAG014	Version No: 1.7	
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